Child and Dependent Care Expenses

► Attach to Form 1040.

١	OMB No. 1545-0068
	1989
- 1	A 44 L 4

Attachment 23

Department of the Treasury

	e(s) shown on Form 1040		See separate mistru			Your so	cial security number	
	. Husus and alaiming the		and the constant Double		Dut if you was			
	 If you are claiming the of dependent care benefits If you are not claiming Part III on the back. 	s, first complete Part III	I on the back.					
Pa	Persons or Organ need more space,	izations Who Providattach a statement.)	ded the Care—You r	must comple	te this part. (See the	Instructions. I	f you
1	(a) Name	(number, stree	(b) Address et, city, state, and ZIP co	ode)	(c) Identification r (SSN or EIN	number)	(d) Amount pa (see Instruction	aid ons)
	•							
	-							
2	Add the amounts in colum Note: If you paid cash wa an employment tax		calendar quarter to an			2 ed in yo	ur home, you m	ust file
Pai	t II Credit for Child a	nd Dependent Care	Expenses					
4 5 6	Enter the amount of qualinstructions if you receive Expenses? in the Instruct two or more qualifying per Enter the excluded benefit Subtract line 5 from line	ed employer-provided of ions. Do not enter mo sons)	dependent care benefit ore than \$2,400 (\$4,80 on page 2	ts. See What A OO if you paid t 	Are Qualified for the care of	4 5		
7						7		
8	If you are married filing a was a full-time student or	joint return, you must	enter your spouse's ear	ned income. (I	•	8		
9	If you are married filing a the two amounts here	·		•		9		
10	 If you are married filing lines 6 and 9. Enter the All others, compare the the smaller of the two a 	smaller of the two amo amounts on lines 6 and	ounts here.			10		
11	Enter the decimal amount 1040, line 32		that applies to the adju	sted gross inco	ome on Form	11	×	
	If line 32 is:	Decimal amount is:	If line 32 is: D	ecimal amount i	is <u>:</u>			
	Over But over		Over But not over					
	\$0—10,0 10,000—12,0 12,000—14,0 14,000—16,0 16,000—18,0 18,000—20,0	.30 .000 .29 .000 .28 .000 .27 .000 .26	\$20,000—22,000 22,000—24,000 24,000—26,000 26,000—28,000 28,000	.24 .23 .22 .21 .20				
12	Multiply the amount on lin	e 10 by the decimal am	nount on line 11, and en	ter the result		12		
13	Multiply any child and dep that applies to the adjusted Enter the result. (You mus	d gross income on your	1988 Form 1040, line	32, or Form 10	040A, line 14.	13		

14 Add the amounts on lines 12 and 13. See the Instructions for the amount of credit you can claim .

14

Par	t III Employer-Provided Dependent Care Benefits Caution: Be sure to also complete Part I on page 1.		
15	Enter the total amount of employer-provided dependent care benefits you received for 1989. (This amount should be separately shown on your W-2 forms and labeled as "DCB.") Do not include amounts that were reported to you as wages in Box 10 of Form(s) W-2	15	
16	Enter the total amount of qualified expenses incurred in 1989 for the care of a qualifying person (see the Instructions)	16	
17	Compare the amounts on lines 15 and 16. Enter the smaller of the two amounts here	17	
18	You must enter your earned income. (See the Instructions for lines 7 and 8 for the definition of earned income.)	18	
19	If you were married at the end of 1989, you must enter your spouse's earned income. (If your spouse was a full-time student or disabled, see the Instructions for lines 7 and 8 for the amount to enter.)	19	
20	 If you were married at the end of 1989, compare the amounts on lines 18 and 19 and enter the smaller of the two amounts here. If you were unmarried, enter the amount from line 18 here. 	20	
21	Excluded benefits. Enter here the smallest of the following: The amount from line 17, or The amount from line 20, or	21	
	• \$5,000 (\$2,500 if married filing a separate return).		
22	Taxable benefits. Subtract line 21 from line 15. Enter the result, but not less than zero. Also include this amount in the total on Form 1040, line 7. On the dotted line next to line 7, write "DCB"	22	
Note	e: If you are also claiming the child and dependent care credit, fill in Form 1040 through line 40. Then co Be sure to include any amount shown on line 22 above when figuring your earned income in Part II.	omplete Part II of this form.	